EXHIBIT C

Case U0-10725-0WZ DOC 888	PROOF OF CLAIM		YOUR CLAIM IS SCHEDULED AS			
Name of Debtor	Case Nu	mber	YOUR CLAIM IS SCHEDULED AS Schedule/Claim ID s32654			
USA Commercial Mortgage Company	Į.	725-LBR	Amount/Classification			
OSA Commercial Mortgage Company	00-107	∠J*LDR	\$10 033 44 Unsecured			
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative expansing after the commencement of the case. A request for payment administrative expense may be filed pursuant to 11 U S C § 503 Name of Creditor and Address 129244900 TOBIAS VON EUW REVOCABLE TRUST DATED 11/23/04 C/O TOBIAS VON EUW TRUSTEE 2448 LARK SPARROW ST LAS VEGAS NV 89084 3726 Creditor Telephone Number PS 838 446 Creditor Telephone Number PS 838 466 Creditor digits of account or other number by which creditor identifies	of an	BMC Group in this case Check box if this address differs from the address on the envelope sent to you by the court Check here replace the court replace the court replace the court replace the court replace replace replace the court replace repl	The amounts reflected above constitute your claim as scheduled by the Debtor or pursuant to a filed claim. If you agree with the amounts set forth herein and have no other claim against the Debtor you do not need to file this proof of claim EXCEPT as stated below. If the amounts shown above are listed as Contingent, Unliquidated or Disputed, a proof of claim must be filed. If you have already filed a proof of claim with the Bankruptcy Court or BMC you do not need to file again. THIS SPACE IS FOR COURT USE ONLY			
1 BASIS FOR CLAIM	l p	amen	ids			
Goods sold Personal injury/wrongful death Services performed Taxes Money loaned Other (describe briefly)	Wages :	penefits as defined in 11 U S salaries and compensation (digits of your SS # 0.3 compensation for services pe	Other claims against servicer (not for loan balances) rformed from to			
2 DATE DEBT WAS INCURRED	3 IF C	OURT JUDGMENT, DATE C				
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that See reverse side for important explanations						
UNSECURED NONPRIORITY CLAIM \$ Check this box if a) there is no collateral or lien securing your claim or b) y exceeds the value of the property securing it or if c) none or only part of you entitled to priority UNSECURED PRIORITY CLAIM Check this box if you have an unsecured claim all or part of which is entitled to priority Amount entitled to priority \$ Specify the priority of the claim Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B) Wages salaries or commissions (up to \$10 000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier 11 U S C § 507(a)(4) Contributions to an employee benefit plan 11 U S C § 507(a)(5)		a right of setoff) Brief description of Real Estate Value of Collateral Amount of arrearage ar secured claim if any Up to \$2 225* of deposits towa services for personal family of Taxes or penalties owed to gov Other Specify applicable para Amounts are subject to adjus	i			
5 TOTAL AMOUNT OF CLAIM \$ \$		\$	\$ 4,468,967.93			
(unsecured)	•	ecured)	(pnonty) (Total)			
Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges. 6 CREDITS The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. 7 SUPPORTING DOCUMENTS. Attach copies of supporting documents, such as promissory notes purchase orders, invoices, itemized statements of running accounts, contracts, court judgments mortgages security agreements and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available explain. If the documents are voluminous attach a summary. 8 DATE-STAMPED COPY. To receive an acknowledgment of the filing of your claim. enclose a stamped self addressed envelope and copy of this proof of claim.						
The original of this completed proof of claim form must be sen ACCEPTED) BY MAIL TO BMC Group Attn USACM Claims Docketing Center	BY HAND (OR OVERNIGHT DELIVERY TO	FILED JUN 0 4 2007			
P O Box 911 El Segundo CA 90245 0911 DATE SIGN and print the name and title if any of the Time Claim (attach Control Europe Caratem Carriera, E. Von Europe Caratem	1330 East El Seguno	t Franklin Avenue do CA 90245				
Penalty for presenting fraudulent claim is a fine of up to \$500 000 or imprisonment						

ARTICLES AND CONTROL OF THE CONTROL	PRO	OOF OF CLAIM		1963 Ul 3
Name of Debtor	Case No	ımhar	-	
USA Commercial Mortgage Company		Case Number 06-10725-LBR		
OOA Commercial mortgage company	00-10	/25-LDK		
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative ex	pense	Check box if you are		
arising after the commencement of the case A "request" for payment administrative expense may be filed pursuant to 11 U S C § 503	of an	aware that anyone else has filed a proof of claim relating		LY OWED MONEY BY A BORROWER
Name of Creditor and Address		to your claim Attach copy of statement giving particulars	DEBTORS YOU	S BEING SERVICED BY THE DO <u>NOT</u> HAVE TO FILE A PROOF
1132124203937	75	Check box if you have	OF CLAIM THIS	S INCLUDES MONEY FROM THAT ELD IN THE COLLECTION ACCOUNT
VENTURA ROY AMERICAN EMBASSY JAKARTA UNIT 8135 USAID		never received any notices from the bankruptcy court or		HIS PROOF OF CLAIM FOR A
FPO AP 96520		BMC Group in this case	SECURED INTE	REST IN A BORROWER THAT IS NOT
		Check box if this address differs from the address on the	ONE OF THE DE	ready filed a proof of claim with the
		envelope sent to you by the	Bankruptcy Cour	t or BMC you do not need to file again
Creditor Telephone Number (62) 2/ 392-6/16 Last four digits of account or other number by which creditor identifies	debtor	Court	THIS SPAC	CE IS FOR COURT USE ONLY
	debioi	Check here replace or if this claim american	 a previousi 	y filed claim dated
1 BASIS FOR CLAIM Goods sold Personal mury/wrongful death	Retiree t	penefits as defined in 11 U S	C § 1114(a)	Unremitted principal
Goods sold Personal mjury/wrongful death Services performed Taxes		salaries and compensation (fill out below)	Other claims against services (not for loan balances)
Money loaned Other (describe briefly)		r digits of your SS #· compensation for services per	former and former	,
	Onpalu	compensation for services per	поппеа попп	to (date) (date)
2 DATE DEBT WAS INCURRED Oct 2004 - March 2006	6 3 IF C	OURT JUDGMENT, DATE O		
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that See reverse side for important explanations	it best descr	ibe your claim and state the amor	unt of the claim at	the time case filed
UNSECURED NONPRIORITY CLAIM \$		SECURED CLAIM		
Check this box if a) there is no collateral or lien securing your claim or b)	your claim	a right of setoff)	our claim is secu	red by collateral (including
exceeds the value of the property securing it or if c) none or only part of your entitled to priority	our claim is	Brief description of	collateral	
UNSECURED PRIORITY CLAIM		Real Estate		e 🗍 Other
Check this box if you have an unsecured claim all or part of which is entitled to priority		Value of Collateral	\$	
Amount entitled to priority \$		Amount of arrearage ar	d other charges	at time case filed included in
Specify the priority of the claim Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)	_	secured claim, if any	· · · · · · · · · · · · · · · · · · ·	
Wages salaries or commissions (up to \$10 000)* earned within 180 days	. L_ 	Up to \$2 225* of deposits towa services for personal family o	r household use 1	11 USC § 507(a)(7)
before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier 11 U S C § 507(a)(4)		Taxes or penalties owed to gov		
Contributions to an employee benefit plan 11 USC § 507(a)(5)		Other Specify applicable para * Amounts are subject to adjus		
5 TOTAL AMOUNT OF CLAIM \$ \$		with respect to cases commen	ced on or after the	date of adjustment
AT TIME CASE FILED (unsecured)	155,8.			\$ 155,828,26
(unsecured) Check this box if claim includes interest or other charges in addition to the	•	ecured)	(priority)	(Total)
				· · · · · · · · · · · · · · · · · · ·
6 CREDITS The amount of all payments on this claim has been cred 7 SUPPORTING DOCUMENTS Attach copies of supporting documenting accounts, contracts court judgments, mortgages, security a	iments, su	ich as promisson/ notes, nurc	hase orders in	roices itemized statements of
DOCUMENTS If the documents are not available explain. If the d	documents	are voluminous, attach a sun	nmary	
8 DATE-STAMPED COPY To receive an acknowledgment of the proof of claim				d envelope and copy of this
The original of this completed proof of claim form must be sent ACCEPTED) so that it is actually received on or before 5 00 pm for each person or entity (including individuals, partnerships, c governmental units)	. prevailin	a Pacific time, on Novembe	r 13 2006	THIS SPACE FOR COURT USE ONLY
BY MAIL TO BMC Group	BY HAND O	OR OVERNIGHT DELIVERY TO		- 0000
Attn USACM Claims Docketing Center P O Box 911	Attn USA	CM Claims Docketing Center Franklin Avenue		FILED OCT 19 2006
El Segundo CA 90245-0911	El Segund	io CA 90245		TU 00.
DATE SIGN and print the name and title if any of the this claim (attach copy of power of attorn	e creditor or ney if anv)	other person authorized to file		USA CMC
16 Oct 2006 Kor K. Venture. 1.	2	Mancy B Vent	iera	10.72500e30
Penalty for presenting fraudulent claim is a fine of up to \$500 000 or impresonment	nt for up to 5	years or both 18USC §§ 1	52 AND 3571	

PROPERTY OF SAME OF SAME	OOF OF CLAIM	12.24 Tage 4 01 3
Name of Debtor Case N		•
USA Commercial Mortgage Co 06-	10725-LBR	
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative expense arising after the commencement of the case A "request" for payment of an administrative expense may be filed pursuant to 11 U S C § 503	Check box if you are aware that anyone else has filed a proof of claim relating to your claim Attach copy of	
Name of Creditor and Address	statement giving particulars	
ROY R VENTURA JR & NANCY B VENTURA	Check box if you have	
AMERICAN EMBASSY- JAKARTA		DO NOT FILE THIS PROOF OF CLAIM FOR A
UNIT 8135 - USAID FPO AP 96520		SECURED INTEREST IN A BORROWER THAT IS NOT ONE OF THE DEBTORS
ARMED FORCES PACIFIC	differs from the address on the	if you have already filed a proof of claim with the Bankruptcy Court or BMC you do not need to file again
Creditor Telephone Number (62) 21 392-6116	envelope sent to you by the court	THIS SPACE IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor identifies debtor	Check here replac	es
	if this claim amend	a previously filed claim dated
Coods cold Demonstrative and I death	benefits as defined in 11 U S (_
U wages	salanes and compensation (fi ur digits of your SS #	ill out below)
	ur digits or your 55 #*	formed from to
		(date) (date)
	COURT JUDGMENT, DATE O	
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that best des See reverse side for important explanations		int of the claim at the time case filed
UNSECURED NONPRIORITY CLAIM \$	SECURED CLAIM	ur claim is secured by collateral (including
Check this box if a) there is no collateral or lien securing your claim or b) your claim exceeds the value of the property securing it or if c) none or only part of your claim is entitled to priority	1 -	
UNSECURED PRIORITY CLAIM	Real Estate	
Check this box if you have an unsecured claim all or part of which is entitled to priority	Value of Collateral	\$
Amount entitled to priority \$	Amount of arrearage an secured claim if any	d other charges at time case filed included in
Specify the priority of the claim	_	,
Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)		rd purchase lease or rental of property or r household use -11 U S C § 507(a)(7)
Wages salaries or commissions (up to \$10 000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's	Taxes or penalties owed to gov	vernmental units 11 U S C § 507(a)(8)
business whichever is earlier 11 U S C § 507(a)(4) Contributions to an employee benefit plan - 11 U S C § 507(a)(5)		graph of 11 U S C § 507(a) ()
Software to all offipioyee beliefs plan 11 0 0 0 3 cot (a)(o)		tment on 4l1l07 and every 3 years thereafter ced on or after the date of adjustment
5 TOTAL AMOUNT OF CLAIM \$ \$ 155,8	28 26 \$	\$ 155,828 26
AT TIME CASE FILED (unsecured)	(secured)	(pnority) (Total)
Check this box if claim includes interest or other charges in addition to the princip	al amount of the claim Attach iter	mized statement of all interest or additional charges
6 CREDITS The amount of all payments on this claim has been credited and 7 SUPPORTING DOCUMENTS <u>Attach copies of supporting documents</u> , running accounts, contracts, court judgments, mortgages security agreeme	such as promissory notes pure	hase orders, invoices, itemized statements of
DOCUMENTS if the documents are not available, explain If the documen	ts are voluminous attach a sun	nmary
8 DATE-STAMPED COPY To receive an acknowledgment of the filing or proof of claim	f your claim enclose a stamped	I self-addressed envelope and copy of this
The original of this completed proof of claim form must be sent by mai ACCEPTED) so that it is actually received on or before 5 00 pm, prevail for each person or entity (including individuals, partnerships, corporate	ing Pacific time, on Novembe	er 13, 2006 USE ONLY
governmental units) BY MAIL TO	D OR OVERNIGHT DELIVERY TO	
	SACM Claims Docketing Center	FILED OCT 19 2006
	ast Franklin Avenue indo CA 90245	- 0 2000
DATE SIGN and print the name and title if any of the creditor	or other person authorized to file	
this claim (attach copy of power of attorney if any	au ~ ./	USA CMC
16 Oct 2006 Roy R. Venture, & &	Maney & Ven	ura

1 01141 010 (1	Silloral Folia Toy (Taroo)					
UNITED STA	ITIS BANKRUPTCY COURT	D	ISTRICT	OF		PROOF OF CLAIM
Name of Debto		Cas	e Number	,		PROOF OF CLAIM
USA	COMMERCIAL MTG CO,			5-06-10725-	LBA	
NOTE. This for	rm should not be used to make a claim for an admini					
of the case A	rm should not be used to make a claim for an admini request for payment of an administrative expense m	ay be file	pursuani	10 11 USC. \$ 503	ECEI	TEU AND FILLD
1						
	or (The person or other entity to whom the oncy or property)	Ci els	eck box i e has file	f you are aware that anyond a proof of claim relating	,"ZDOb A	UG 14 P 2 25
114101	MIWALKER	уо	ur claım	Attach copy of statemen	i I	
		1	ing partic	1.5	SB	NKRUPTCY COURT
	ess where notices should be sent	Check box if you have never received any notices from the bankruptcy court in this case			ANT R	CIA GRAY CLERK
LINDA	MI WALKER					
3710	CLOVER WAY			f the address differs from	***	
Telephone numi	CLOVER WAY 89509 175-171-1393		iress on ti court.	he envelope sent to you b	y J	THIS SPACE IS FOR COURT USE ONE
	of account or other number by which creditor			☐ replaces		
identifies debtor	(CLIENT ID 5644)	ift	his claim	amends a previous	ly filed c	laım dated
1 Basis for	Claim		□R	etiree benefits as define	dun III I	ISC 8 1114(a)
□ Good	ds sold			lages salaries and com		• • •
☐ Servi	ices performed		L	ast four digits of your S	S#	· ·
Mone			U	npaid compensation for	services	performed
☐ Perso	onal injury/wrongful death		fr	om	to	
☐ Othe				(date)		(date)
2. Date debt	was incurred / /	3.	If cou	rt judgment, date obta	ined	
5/3/04,	4/01/05, 4/27/05 6/20/05					
4 Classification	of Claim. Check the appropriate box or boxes that	t best des	cnbe you	r claim and state the ame	ount of the	he claim at the time case file
See leverse sie	oc for important explanations.			ed Claim		
	npriority Claim \$		\ \sc \	Thack this how if your als		used by collectoral (small day)
Check this box if a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or if c) none or					uted by consideral (including	
only part of your	r claim is entitled to priority		i ,	Brief Description of Coll	aterai	
Unsecured Prio	rity Claim			X Real Estate □ Mo		cle - Other
Value of Collateral \$ 1000			(COM)	soon here		
entitled to priorit	y	11011 13	Amour	as Represent other	tad charges a	time case filed included in
Amount entitled i	to priority \$		secure	d claim if any \$		
Specify the priority of	of the claim	_ '	H CO	205* - 6		
		LJ	or service	es for personal family of	purchase housebe	e lease or rental of property
(a)(1)(B)	oport obligations under 11 USC § 507(a)(1)(A) or		§ 507(a)	(7)		
☐ Wages salaru	es, or commissions (up to \$10,000),* earned within		Taxes or	penalties owed to govern	mental u	nits - 11 USC § 507(a)(8)
days before filing	of the bankruptcy petition or cessation of the debtor er is earlier - 11 U S C § 507(a)(4)	180	Other - S	pecify applicable paragra	aph of 11	USC § 507(a)()
		,	ounts are	subject to adjustment on	4/1/07 a	nd every 3 years thereafter
	s to an employee benefit plan - 11 U S C. § 507(a)(5)	vith respo	ect to cases commenced o	on or afte	r the date of adjustment.
5 Total Amou	unt of Claim at Time Case Filed	S_		101,500	土	101,500 t
Check this bo	x if claim includes interest or other charges in additi	on to the	principal	(secured)	(priont	y) (Total)
						need statement of all
Credits 7)	he amount of all payments on this claim has been cr	edited an	d deducte	ed for the purpose of	THIS S	INCL IS FOR COURT US ONLY
making this pro	of of claim.					THE WALL COME
Supporting D	The state of the s					
orders invoices itemized statements of running accounts, contracts, court undergents, mortgages, security						
agreements and evidence of perfection of lien DO NOT SEND ORIGINAL DOCUMENTS If the documents are not available, explain If the documents are voluminous, attach a summary				1		
Date-Stamped	Copy To receive an acknowledgment of the filing	ous, atta	olaim o-	nary		
addressed envel	ope and copy of this proof of claim.	s or your	ciatili en	ciose a siamped self-		1
Date /	Sign and print the name and title, if any, of the	creditor o	r other n	erson authorized to		
8/11/06	I was cream (arracm cob) of bowel of attorne	y, if any)				
/ /	Dula M. Walker, a	DUR	gle l	voman		USA CMC
	L AINDA M WAINDER	-				SOA CIVIC